

Congressman Adam B. Schiff

**Internship Application Form**

**PLEASE PRINT**

This application is for: ☐ Spring ☐ Fall ☐ Winter ☐ Summer  
☐ Quarter ☐ Semester

My internship would begin on \_\_\_\_\_ and end on \_\_\_\_\_.

I am required to complete \_\_\_\_\_ hours of service during this placement.

Name

Address

City / State / Zipcode

Telephone number(s) ( ) ( )

Date of birth (optional)

High school

Graduation date

Name of educational institution currently attending

Class standing (FR / SPH / JR / SR)

Major

### Career objectives

My academic advisor or internship supervisor is \_\_\_\_\_

He/she may be reached at (      )

**In case of emergency, contact**

Telephone Number ( )

Relationship

Signature

Date

PLEASE RETURN COMPLETED FORM TO:

Ann M. Peifer, District Director  
Congressman Adam B. Schiff  
35 S. Raymond Avenue, #205  
Pasadena, CA 91105  
FAX: (626) 304-0572

FOR MORE INFORMATION, call (626) 304-2727.

**Please include a writing sample with this application.**